

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

AE

PLAINTIFF <b>Corey Manuel</b>	COURT CASE NUMBER <b>07C6335</b>
DEFENDANT <b>Sergeant Lyles, et al.</b>	TYPE OF PROCESS <b>S/C</b>

<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Tom Dart, Cook County Sheriff</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>The Daley Center 50 W. Washington, Chicago, IL 60602 Room 704</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Cory Manue, #2007-0014551**  
**Cook County Jail**  
**P.O. Box 089002**  
**Chicago, IL 60608**

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include business and alternate addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

**FILED**  
**NOV 30 2007**  
**NOV 30 2007**  
**MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

11-21-07

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>5 of 5</b>	District of Origin <b>24</b> No. _____	District to Serve <b>24</b> No. _____	Signature of Authorized USMS Deputy or Clerk <b>TD</b>	Date <b>11-21-07</b>
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Carol McFadden / Legal Dept.**

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

11/27/07 3:10 pm

Signature of U.S. Marshal or Deputy

**See the [Signature]**

Service Fee <b>48.00</b>	Total Mileage Charges (including on-returns) <b>.49</b>	Forwarding Fee <b>0</b>	Total Charges <b>48.49</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>48.49</b>	Amount of Refund <b>0</b>
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REMARKS:

**1 DUSM / 1 Hour / 1 Mile (RT)**